



**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Mountain West In &amp; Fin Serv LLC</b>		NAMED INSURED <b>Jason Condominiums Homeowners Association</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		PO Box 2776 Crested Butte, CO 81224	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Additional Coverage Info**

**\*\*Replacement Cost Coverage Applies\*\***  
**1 Building - 4 Units / \$1,000 Deductible**

**Coinsurance: Waived**

**Ordinance or Law:**

**Coverage A- Included in Building Limit**  
**Coverage B - \$250,000 (Included in Blanket Endorsement)**  
**Coverage C - \$250,000 (Included in Blanket Endorsement)**

**Water or Sewer Backup: \$25,000**